PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10808756

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CLAIMS AS FILED - PART I								MALL E	NTITY		OTHE	R THAN
Γτ	OTAL CLAIM	<u> </u>	(Column 1)		(Column 2)] } 	YPE [OR	SMALL	ENTITY
-			117				1	RATE	FEE	_ .	RATE	FEE
F	OR ————————————————————————————————————		NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FE	770.00
T	OTAL CHARGE	ABLE CLAIMS	/ / minus 20= *					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = *-					X43=		OR	X86=	
М	JLTIPLE DEPE	NDENT CLAIM F	RESENT					+145=				
* If the difference in column 1 is less than zero, enter "0" in column 2							Ĺ	TOTAL	 	OR	L	57
CLAIMS AS AMENDED - PART II								IOIAL	<u> </u>	OR	TOTAL	770
		(Column 1)	-MENDE	(Column 2) (Colum			;	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER		HIGHE NUMB PREVIO	ER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
ME	Total	AMENDMENT		PAID F	OR		╽┝		FEE	-	\	FEE
END	Total Independent	*	Minus	**		=	_	X\$ 9=		OR	X\$18=	
A	<u> </u>	PRESENTATION OF MULTIPLE DEPENDENT (CLAIM	<u> </u>		X43=		OR	X86=		
								+145=		OR	+290=	
						٠	<u> </u>	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
	· - · · · ·	(Column 1)		(Colum	n 2)	(Column 3)	70	DII. FEE	•	_	ADDII. PEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	7	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43= ·	•	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
·								145=		OR	+290=	•
									· ·	OR A	TOTAL DDIT. FEE	
-		(Column 1)		(Column		(Column 3)	,		•	•		• •
MENDINENI C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	F		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
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7 h	ndependent		Minus	***	·	=	H	43=		.		
	IRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		<u> </u>	143=		OR	X86=	
. 14	ho osta :=1						+1	145=		OR	+290=	
If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL ODIT. FEE	
Ti	ine Highest Nun ie "Highest Numl	nber Previously Pai ber Previously Paid	d For" IN THIS For" (Total or I	SPACE is le ndependent)	ess than is the h	3, enter *3.* lighest number (T. FEE	priate box			
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